

Exhibit A

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Province 046

Accident No. 09601504

Computer

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT (NYC)
MV-104AN (5/74)

MV-104AN (5/84)

☐ **AMENDED REPORT**

Accident Date Month: <u>10</u> Year: <u>2006</u>		Day of Week <u>THUR</u>		Military Time <u>0830</u>		No. of Vehicles <u>2</u>		No. Injured <u>1</u>		No. Killed <u>0</u>		Not Investigated on Scene <input type="checkbox"/>		Left Scene <input type="checkbox"/>		Police Phone <u> </u>																			
VEHICLE 1 License #/Marker: <u>T69-89-2317</u>																		VEHICLE 2 License #/Marker: <u> </u>																	
Driver Name - exactly as printed on license: <u>CAMPBELL WAYNE BERNARD</u>																		Driver Name - exactly as printed on license: <u>OYOLA Lillian</u>																	
Address (Include Number & Street): <u>2505 CAMELBACK RD</u>																		Address (Include Number & Street): <u>22 ELLIOT PL</u>																	
City/Town/State: <u>Richmond VA</u>																		City/Town/State: <u>NEW YORK NY</u>																	
Date of Birth: <u>01/22/59</u>																		Date of Birth: <u>07/17/57</u>																	
Name - exactly as printed on registration: <u>CAMPBELL WAYNE BERNARD</u>																		Name - exactly as printed on registration: <u> </u>																	
Address (Include Number & Street): <u>2505 CAMELBACK RD</u>																		Address (Include Number & Street): <u> </u>																	
City/Town/State: <u>Richmond VA</u>																		City/Town/State: <u> </u>																	
Plate Number: <u>KDH4977</u>																		Plate Number: <u> </u>																	
State of Reg: <u>VA</u>																		State of Reg: <u> </u>																	
Vehicle Year & Make: <u>2004 CHEV</u>																		Vehicle Year & Make: <u> </u>																	
Vehicle Type: <u>PRS</u>																		Vehicle Type: <u> </u>																	
Ticket/Arrest Number(s): <u> </u>																		Ticket/Arrest Number(s): <u> </u>																	
Violation Section(s): <u> </u>																		Violation Section(s): <u> </u>																	

Check if involved vehicle is: <input type="checkbox"/> more than 35 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an oversize dimension permit.										Check if involved vehicle is: <input type="checkbox"/> more than 35 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an oversize dimension permit.										Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.																			
VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: <u>6</u> Box 2 - Most Damage: <u>3</u> Enter up to three more Damage Codes: <u>4 5</u>										VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: <u> </u> Box 2 - Most Damage: <u> </u> Enter up to three more Damage Codes: <u> </u>										ACCIDENT DIAGRAM 																			
Vehicle By Toward: <u>N/A</u>										Vehicle By Toward: <u>N/A</u>										Cost of repairs to any one vehicle will be more than \$1000: <u>Unknown/Unable to Determine</u>																			

Reference Marker		Coordinates (if available) Latitude/Northing: <u> </u> Longitude/Easting: <u> </u>		Place Where Accident Occurred: <u>INTERSECTION</u> Road on which accident occurred: <u>GRAND CONCOURSE</u>		(Route Number or Street Name) <u> </u>	
at (1) intersecting street: <u> </u>		at (2) <u> </u>		(Route Number or Street Name) <u> </u>		(Mapbox, Hardest Intersecting Point Number or Street Name) <u> </u>	

Accident Description/Officer's Notes:
170 DRIVER of vehicle #1 states he backed up vehicle because after light changed veh was in traffic while backing hit pedestrian into veh #2. vehicle #2 was stopped in traffic.

	8	9	10	11	12	13	14	15	16	17	18	19	20	Names of all involved										Place of Deaths Only
A	1	1	X	1	50	11	-	-	-	-	-	-	-	Camp Bell Wayne Benson										
B	2	1	X	-	55	12	12	12	1	581	1019	Ayala Lillian												
C					36	11	11	11	-	-	-	-	-	Mike Kline, ELEAD, A										
D																								
E																								
F																								

Officer's Rank and Signature	P.W. Walker	The File No	904303	NCIC NO.	03030	Pinel	046	Post/Section	E	Reviewing Officer		Date/Time Reviewed	
Print Name of POC	K. J. L. L. L.												

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KUNFH INVESTIGATIONS

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PERSONS KILLED OR INJURED IN ACCIDENT (Letter designation of persons killed or injured must correspond with letter designation on front)

A Last Name		First	M.I.	D Last Name		First	M.I.
Address				Address			
Date of Birth Month Day Year		Telephone (Area Code)		Date of Birth Month Day Year		Telephone (Area Code)	
B Last Name		First	M.I.	E Last Name		First	M.I.
Address				Address			
Date of Birth Month Day Year		Telephone (Area Code)		Date of Birth Month Day Year		Telephone (Area Code)	
C Last Name		First	M.I.	Highway Dist. at Scene? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Address				Name:			
Date of Birth Month Day Year		Telephone (Area Code)		Shield No.			

ENTER INSURANCE POLICY NUMBER FROM INSURANCE IDENTIFICATION CARD, EXPIRATION DATE (IN ALL CASES), AND VIN.

Vehicle No. 1 N 0110572-00 Vehicle No. 2 _____
 Expiration Date 2-4-07 Expiration Date _____
 VIN 2G1WF52E449332963 VIN _____

WITNESS (Attach separate sheet, if necessary)

Name Jose Serrano Address 1848 Monroe Av Bklyn Phone 347-502-5674

DUPLICATE COPY REQUIRED FOR:

- ☐ Dept. of Motor Vehicles (if anyone is killed/injured) ☐ Motor Transport Division (P.D. vehicle involved) ☐ NYC Taxi & Limousine Comm. (if a Licensed taxi or limousine involved) ☐ Other City Agency (Specify) _____
- ☐ Office of Comptroller (if a City vehicle involved) ☐ Personnel Safety Unit (if a P.D. vehicle involved) ☐ Highway Unit _____

NOTIFICATIONS: (Enter name, address, and relationship of friend or relative notified. If aided person is unidentified, list Missing Person Squad member was notified. In either case, give date and time of notification.)

Roberto Ruiz (Son)
1-646-773-9210

PROPERTY DAMAGED (other than vehicles)**OWNER OF PROPERTY** (include city agency, where applicable)**IF NYPD VEHICLE IS INVOLVED:**

Police Vehicle-Operator's First Name		Last Name		Rank	Shield No.	Tax ID. No.	Command
Make of Vehicle	Year	Type of Vehicle	Plate No.	Dept. Vehicle No.		Assigned To What Command	

Equipment in Use At Time of Accident
☐ Siren ☐ Horn ☐ Turnout Light ☐ 4-Way Flasher ☐ High-Level Warning Lights ☐ Traffic Cones ☐ Headlights

ACTIONS OF POLICE VEHICLE

- ☐ Responding to Code Signal _____ ☐ Complying with Station House Directive
☐ Pursuing Violator ☐ Routine Patrol
☐ Other (Describe) _____

NY-100AN (5-04)

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New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT (NYC)
 MV-104AN (7/01)

File No. 046

Accident No. 04600601504

Complaint Number

ATTENDED REPORT

Month	Day	Year	Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene	Left Scene	Police Present
10	19	2006	THU	0830	2	1	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VEHICLE 1 - Driver	VEHICLE 2 - Driver
License ID Number	License ID Number
713 425 958	
State of Lic.	State of Lic.
NY	

Driver Name - exactly as printed on license	Driver Name - exactly as printed on license
UKEKWE, ELEAZAR, A	
Address (Include Number & Street)	Address (Include Number & Street)
2346 Hering Ave.	
City or Town	City or Town
BRONX	
State	State
NY	
Zip Code	Zip Code
10469	

Driver Name - exactly as printed on registration	Driver Name - exactly as printed on registration
OKEKE, EVELYN	
Address (Include Number & Street)	Address (Include Number & Street)
746 E 211 St	
City or Town	City or Town
BRONX	
State	State
NY	
Zip Code	Zip Code
10467	

Plate Number	Plate Number
DRF 8781	
State of Reg.	State of Reg.
NY	
Vehicle Year & Make	Vehicle Year & Make
97-VOLVO	
Vehicle Type	Vehicle Type
PASSENGER	

Check if involved vehicle is:	Check if involved vehicle is:
<input type="checkbox"/> more than 85 inches wide.	<input type="checkbox"/> more than 35 inches wide.
<input type="checkbox"/> more than 34 feet long.	<input type="checkbox"/> more than 34 feet long.
<input type="checkbox"/> operated with an overweight permit.	<input type="checkbox"/> operated with an overweight permit.
<input type="checkbox"/> operated with an overweight permit.	<input type="checkbox"/> operated with an overweight permit.

VEHICLE 1 DAMAGE CODES	VEHICLE 2 DAMAGE CODES
Box 1 - Point of Impact	Box 1 - Point of Impact
Box 2 - Most Damage	Box 2 - Most Damage
Enter up to three more Damage Codes	Enter up to three more Damage Codes
Vehicle By Towed: N/A	Vehicle By Towed: N/A

VEHICLE DAMAGE CODING:	VEHICLE DAMAGE CODING:
1-12. SEE DIAGRAM ON RIGHT.	1-12. SEE DIAGRAM ON RIGHT.
14. UNDERCARRIAGE	17. DEMOLISHED
15. TRAILER	18. NO DAMAGE
16. OVERTURNED	19. OTHER

Reference Marker	Coordinates (if available)
	Latitude/Longitude
	Longitude/Easting

Place Where Accident Occurred:	Place Where Accident Occurred:
BRONX	
Road on which accident occurred:	Road on which accident occurred:
E 176 St	
(Route Number or Street Name)	(Route Number or Street Name)
Grand Concourse	
(Route Number or Street Name)	(Route Number or Street Name)

Accident Description/Officer's Notes	Accident Description/Officer's Notes
See Page #1	

Cost of repairs to any one vehicle will be more than \$1000.	Cost of repairs to any one vehicle will be more than \$1000.
<input type="checkbox"/> Unknown/Unable to Determine	<input type="checkbox"/> Yes <input type="checkbox"/> No

Reference Marker	Coordinates (if available)
	Latitude/Longitude
	Longitude/Easting

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BRONX	
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(Route Number or Street Name)	(Route Number or Street Name)
Grand Concourse	
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Accident Description/Officer's Notes	Accident Description/Officer's Notes
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(Route Number or Street Name)	(Route Number or Street Name)
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Accident Description/Officer's Notes	Accident Description/Officer's Notes
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	Longitude/Easting

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BRONX	
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E 176 St	
(Route Number or Street Name)	(Route Number or Street Name)
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	Longitude/Easting

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BRONX	
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E 176 St	
(Route Number or Street Name)	(Route Number or Street Name)
Grand Concourse	
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Reference Marker	Coordinates (if available)
	Latitude/Longitude
	Longitude/Easting

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BRONX	
Road on which accident occurred:	Road on which accident occurred:
E 176 St	
(Route Number or Street Name)	(Route Number or Street Name)
Grand Concourse	
(Route Number or Street Name)	(Route Number or Street Name)

Accident Description/Officer's Notes	Accident Description/Officer's Notes
See Page #1	

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<input type="checkbox"/> Unknown/Unable to Determine	<input type="checkbox"/> Yes <input type="checkbox"/> No

Reference Marker	Coordinates (if available)
	Latitude/Longitude
	Longitude/Easting

Place Where Accident Occurred:	Place Where Accident Occurred:
BRONX	
Road on which accident occurred:	Road on which accident occurred:
E 176 St	
(Route Number or Street Name)	(Route Number or Street Name)
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(Route Number or Street Name)	(Route Number or Street Name)

Accident Description/Officer's Notes	Accident Description/Officer's Notes
See Page #1	

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<input type="checkbox"/> Unknown/Unable to Determine	<input type="checkbox"/> Yes <input type="checkbox"/> No

Reference Marker	Coordinates (if available)
	Latitude/Longitude
	Longitude/Easting

Place Where Accident Occurred:	Place Where Accident Occurred:
BRONX	
Road on which accident occurred:	Road on which accident occurred:
E 176 St	
(Route Number or Street Name)	(Route Number or Street Name)
Grand Concourse	
(Route Number or Street Name)	(Route Number or Street Name)

Accident Description/Officer's Notes	Accident Description/Officer's Notes
See Page #1	

Cost of repairs to any one vehicle will be more than \$1000.	Cost of repairs to any one vehicle will be more than \$1000.
<input type="checkbox"/> Unknown/Unable to Determine	<input type="checkbox"/> Yes <input type="checkbox"/> No

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KUN-FHX INVESTIGATIONS

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A Last Name		First	MI.	D Last Name		First	MI.
Address				Address			
Date of Birth		Telephone (Area Code)		Date of Birth		Telephone (Area Code)	
Month	Day	Year	()	Month	Day	Year	()
B Last Name		First	MI.	E Last Name		First	MI.
Address				Address			
Date of Birth		Telephone (Area Code)		Date of Birth		Telephone (Area Code)	
Month	Day	Year	()	Month	Day	Year	()
C Last Name		First	MI.	Highway Dist. at Scene?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Address				Name:			
Date of Birth		Telephone (Area Code)		Date of Birth		Telephone (Area Code)	
Month	Day	Year	()	Month	Day	Year	()
F Last Name		First	MI.	Shield No.			
Address							

ENTER INSURANCE POLICY NUMBER FROM INSURANCE IDENTIFICATION CARD, EXPIRATION DATE (IN ALL CASES), AND V

Vehicle No. 3 9-03 702987 03/03

Vehicle No. 2

Expiration Date 3-23-07

Expiration Date

VIN 3VWXA81H2VM126666

VIN

WITNESS (Attach separate sheet, if necessary)

Name

Address

Phone

DUPLICATE COPY REQUIRED FOR:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Dept. of Motor Vehicles
(if anyone is killed/injured) | <input type="checkbox"/> Motor Transport Division
(P.D. vehicle involved) | <input type="checkbox"/> NYC Taxi & Limousine Comm.
(if a licensed taxi or limousine involved) | <input type="checkbox"/> Other City Agency
(Specify) |
| <input type="checkbox"/> Office of Comptroller
(if a City vehicle involved) | <input type="checkbox"/> Personnel Safety Unit
(if a P.D. vehicle involved) | <input type="checkbox"/> Highway Unit | |

NOTIFICATIONS: (Enter name, address, and relationship of friend or relative notified. If aided person is unidentified, list Missing Person Squad met was notified. In either case, give date and time of notification.)

PROPERTY DAMAGED (other than vehicles)

OWNER OF PROPERTY (include city agency, where applicable)

IF NYFD VEHICLE IS INVOLVED:

Police Vehicle Operator's First Name		Last Name		Rank	Shield No.	Tax ID. No.	Command
Make of Vehicle	Year	Type of Vehicle	Plate No.	Dept. Vehicle No.		Assigned To What Comm.	
Equipment in Use At Time of Accident							
<input type="checkbox"/> Siren	<input type="checkbox"/> Horn	<input type="checkbox"/> Turn Light	<input type="checkbox"/> 4-Way Flasher	<input type="checkbox"/> High-Level Warning Lights	<input type="checkbox"/> Traffic Cones	<input type="checkbox"/> Headlights	

ACTIONS OF POLICE VEHICLE

- | | |
|--|---|
| <input type="checkbox"/> Responding to Code Signal | <input type="checkbox"/> Complying with Station House Directive |
| <input type="checkbox"/> Pursuing Violator | <input type="checkbox"/> Routine Patrol |
| <input type="checkbox"/> Other (Describe) | |

NY 1044 (7/01)